



# IN TOUCH

## *Staying UP When Income Drops*

When circumstances—layoffs, divorce, a disabling injury, or other unanticipated events lead to abrupt reduction in individual or family income—resist panic. Instead, take control and act with a plan.

- **Take stock of family and financial resources.**

Get a complete picture of your financial resources and assets, non-tangible assets, and family skills. Identify anything that can help cut costs, can be traded for needed goods and services, or can be used to produce income. Examples include the ability to work part-time, a room that can be rented, things that can be sold, etc.

- **Take stock of community resources.** Tax-supported public services usually help people cope with reduced income. You may be eligible for these services. These include income and food assistance, job training, medical assistance, and more.

- **Set priorities for spending.** Create a spending plan. Examine anticipated income, minus fixed expenses, and evaluate the flexible dollars left over. Have a family meeting to get commitment for sticking to the plan and get agreement on what constitutes essential items.

- **Protect family welfare.** If bills overwhelm income, you may have to prioritize. Decide which ones can be deferred or renegotiated. Pay bills with consequences like late penalties, repossession, foreclosure, or reconnect charges. Be proactive in speaking with creditors, especially your mortgage company. They usually want to work with you.
- **Manage stress.** Guard your mental health, maintain stable family relationships, and treat your body right during a time that may be extremely stressful. Rely upon the EAP to help you cope with stress and find resources to help you through a temporary but difficult period.

Source: U.S. Cooperative State Research, Education, and Extension Service, E-Answers, "When Your Income Drops." Visit [www.reesusda.gov](http://www.reesusda.gov).

## *Caregiver Tips*

Family caregivers assist another person—spouse, family member, friend, or partner—in managing a chronic illness or disability. They share a common bond of self-sacrifice that is hard to comprehend if you have not walked in their shoes. If you are new to caregiving, follow the advice of experienced caregivers. Learn to manage stress, identify your needs, and take care of yourself. Get exercise, watch out for signs of depression, take breaks, and get enough sleep. Reach out to other caregivers for support. Your EAP can assist you in locating nearby resources or a support network.



*Helping people lead healthier lives*

## Using Your EAP

**Question:** I started to explain how marital problems are interfering with work, but my supervisor stopped me and recommended the EAP. I felt a little rejected. Aren't supervisors supposed to be good listeners?

**Answer:** Your supervisor gave you the best type of support—an EAP recommendation. Discussing your marital problems with your supervisor could be harmful if as a result you felt less urgency about seeking effective help. The supervisor's role does not permit advising you on personal matters. When an EAP exists, supervisors are always advised to redirect employees presenting personal problems to the EAP in a supportive way.

**Question:** Do confidentiality laws that pertain to EAP records prevent the EAP professional from disclosing information about the identities of clients to people outside the EAP such as colleagues, friends, or a spouse?

**Answer:** Yes. The EAP professional cannot release information to anyone without a properly signed consent from the EAP client, even to people the EAP professional may know, such as a spouse. Strict laws and EAP policies of APS Healthcare govern the release of client information, and they must be followed. EAP professionals study the subject of confidentiality, and literature pertaining to confidentiality is plentiful in the EAP field.

**Question:** If I call the EAP and leave my phone number, how will the EAP avoid speaking to someone else in my office or at my home when they call back?

**Answer:** Your EAP has procedures to avoid breaking your confidentiality on a return call. We can explain the procedures or steps we use. Help us by making sure you specify callback instructions if you must leave a message. For example, consider making arrangements for a callback at a time when you will be alone.

## This Year, I Resolve to...

Maybe you've already made and broken your New Year's resolution. Or, maybe you are hanging on to your resolution by the barest thread. Resolutions are traditionally made and then broken or discarded within a few days or weeks of each new year. Resolutions can be made and kept, but for success they take some thought and planning before launching.

**Think about what you want to change.** Write down exactly what change you want and the steps it will take. This helps you realize that changing your habit is a process, not something that will happen overnight. Write down the pros and cons of the change. Then examine your commitment to this goal.

**Map out your plan and establish baby steps for reaching your goal.** (For example, for three weeks, I will limit myself to five candy bars per week. Then for three weeks, I will limit myself to four candy bars per week.) Decide what you'll do if or when you fall off your plan; almost everyone does, but the secret is to consider it only a momentary setback. Develop strategies to deal with temptations.

**Surround yourself with support.** Reward yourself each time you meet a baby step. Form a support system of friends and family or find a "buddy" with the same goal. Banish "I can't do this" with positive thoughts like, "I've made it three days, this is progress!" Display your written goal and steps where you'll see them every day. Monitor and track your progress; this will help you keep going.

**Don't give up.** Changing a habit or a behavior is a difficult process and usually takes more than one or two attempts. Be persistent and try again. If a limit of five candy bars per week was not working, try a limit of six. And, remember this: resolutions can be made and started any time of the year!

# Teen Suicide

In many of our communities, teen suicides have caused tremendous grief and fear in the recent past. Sometimes I wonder if it's just our community, where it seems like too many adolescents and young adults are choosing to end their lives. We have had more than our share of tragedies: a young person who gets addicted to painkillers and kills himself, another who shoots himself, distraught over the ending of a relationship. Even just writing this, I notice that my internal alarm bells start going off!

## Facts about Teen Suicide

Nearly 5,000 people between ages 15 and 24 take their own lives in the United States each year. It is the third leading cause of death among people in that age bracket and the second leading cause of death among college students. From 1980 to 1996, the rate of suicide increased by 14 percent among teens 15-19 years old and by 100 percent among children 10-14 years old. The suicide rate for white males (15-24) has tripled since 1950; for white females, it has doubled. From 1980 to 1996, the suicide rate for African-American males (15-19) increased 105 percent. Only motor vehicle accidents and homicides account for more deaths in this age group.

What is this about, and what can we, must we, do in response? There is no single cause of suicide, but social alienation is thought to be an important factor. In our fast-paced high-pressure society people often feel unseen, unimportant and disconnected. Our children more than ever before go to large schools where they may not have close connection with any significant adults, and they often live with highly stressed adults who in turn are far from their families and support networks. Add to this substance abuse at younger ages, media that glorifies violence and easier access to guns than in earlier times. According to a Department of Education study, drug and alcohol abuse was the most common factor in young people who attempted suicide; 70 percent of the attempters frequently used alcohol and/or other drugs.

## Know the Danger Signals

Between 20 and 50 percent of people who kill themselves have previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their lives. People who commit suicide often talk about it directly or indirectly. Be alert to such statements like, "Everyone would be better off without me." Sometimes those contemplating suicide talk as if they are saying goodbye or going away. They may put their affairs in order, giving away articles they value.

Although most depressed people are not suicidal, most suicidal people *are* depressed. Serious depression can be manifested in obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal of activities that had been enjoyable. Often, unusual stressors are involved such as failure in something of importance or the loss of a significant relationship.

If you think your teen is depressed, it is important to connect with him or her and talk about it. Listen carefully to your child's words and feelings. Do not dismiss her problems or get angry at her. Does he talk about suicide, even jokingly? Has he said things such as, "I can't take it anymore," or "Nobody cares about me"? If you suspect that your teen might be thinking about suicide, do not remain silent. Don't be afraid to ask about suicidal feelings. Getting the word out in the open may help your child know you have heard his cries for help.

Three-quarters of all suicides give some warning of their intentions to a friend or family member. Suicide is preventable and far too often, in retrospect, people say there were warning signs, which they had not fully attended to. Of course, remove all lethal weapons from the vicinity of the person, including guns, knives, pills, ropes, etc.

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## *Teen Suicide, continued*

### **Be Actively Involved and Seek Help**

Please do not try to cope with this alone, or cover it up hoping it will “get better on it's own.” *Seek professional help* by contacting a mental health professional or your physician immediately. Often your EAP is the best place to start; call our 24-hour 800 number listed on this newsletter to talk about what to do next. You can make a difference by helping those in need find help.

*In an acute situation*, do not leave the person alone until help is available. Call your local emergency number for immediate help. Also, APS Healthcare maintains a crisis services line 24 hours a day, 7 days a week, and can help you figure out what the best resources are in your community. Sometimes medication and/or hospitalization may be indicated and may in fact be a real lifesaver.

*Become informed.* Use your public library, local support group, or the Internet to get more information. Some good websites to start with are:

- American Association of Suicidology  
([www.suicidology.org](http://www.suicidology.org))
- American Foundation for Suicide Prevention  
([www.afsp.org](http://www.afsp.org))
- Suicide Prevention Advocacy Network  
([www.spanusa.org](http://www.spanusa.org))

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## *Getting Hooked on Safety*

Sixty-four percent of working Americans think a workplace injury won't happen to them, but the reality is that workplace injuries are rising. The leading causes of injuries are transportation incidents, violent acts, contact with objects and equipment, and falls. Overexertion is frequently a contributing factor. A good safety attitude is the habit of using safe work practices to prevent accidents. Four steps will get you there:

- 1) Stay focused. Avoid distractions that can lead to accidents. This includes distractions from emotional distress. (Your EAP can help you.)
- 2) Avoid shortcuts or risks to rush through a job.
- 3) Be determined to do it right. Others may question the “extra steps” you take to be safe. Ignore such criticism and refuse to imitate unsafe work practices.
- 4) Consider others. You have an obligation to yourself, your family and coworkers. Your unsafe actions can affect many people in countless ways.

**To speak with an EAP professional,  
please call:**

**800.765.0770**